

<b>Case Number:</b>	CM15-0054657		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on 06/05/2009. Diagnoses included discogenic cervical radiculopathy, discogenic lumbar spine radiculopathy, gastroesophageal reflux disease, anxiety, depression and insomnia, history of anemia and history of chest pain and palpitations. Treatment to date has included x-rays, medications and cervical spine surgery. Pre-operative labs were performed on 09/08/2014. On 09/15/2014, the injured worker underwent cervical spine fusion. According to the most recent progress report submitted for review and dated 12/02/2014, the injured worker complained of cervical spine pain and bilateral wrist pain, left more than the right as well as lower back pain. Treatment plan included physiotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Labs: GI and lipids profiles:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDLINE Plus Medical Encyclopedia, Cleveland Clinic.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

**Decision rationale:** The ACOEM Practice Guidelines do not recommend routine laboratory testing as a technique to identify or define cervical pathology except in cases where cancer is suspected as the pain generator or cause of symptoms. Laboratory studies should aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There is no documentation as to the purpose of the requested laboratory studies. Labs: GI and lipids profiles are not medically necessary.